

Proposed Traumatic ICH Protocol

First Draft

May, 2023

Modified Brain Injury Guidelines

	mBIG 1	mBIG 2	mBIG 3
Initial GCS	13-15	13-15	any
AbN neuro exam	no	no	yes
Intox*	no	yes	yes
Anticoag**	no	no	yes
Skull fx	no	Non-displaced	displaced
SDH	<4mm	4-7.9mm	>8mm
EDH	no	no	yes
IPH	<4mm	4-7.9mm	>8mm or multiple
SAH	<3 sulci + <1mm	Single hemisphere or 1-3mm	Bi-hemispheric or >3mm
IVH	no	no	yes

*etoh>80 mg/dL = 17 mmol/L

**excluding ASA

mBIG 1

-observe x 6 hours, no repeat CT or neurosurgery consult
-discharge if no clinical neuro deterioration and GCS 15

mBIG 2

-admitted x 24 hours, no repeat CT or neurosurgery consult
-discharge if no clinical neuro deterioration and GCS 15

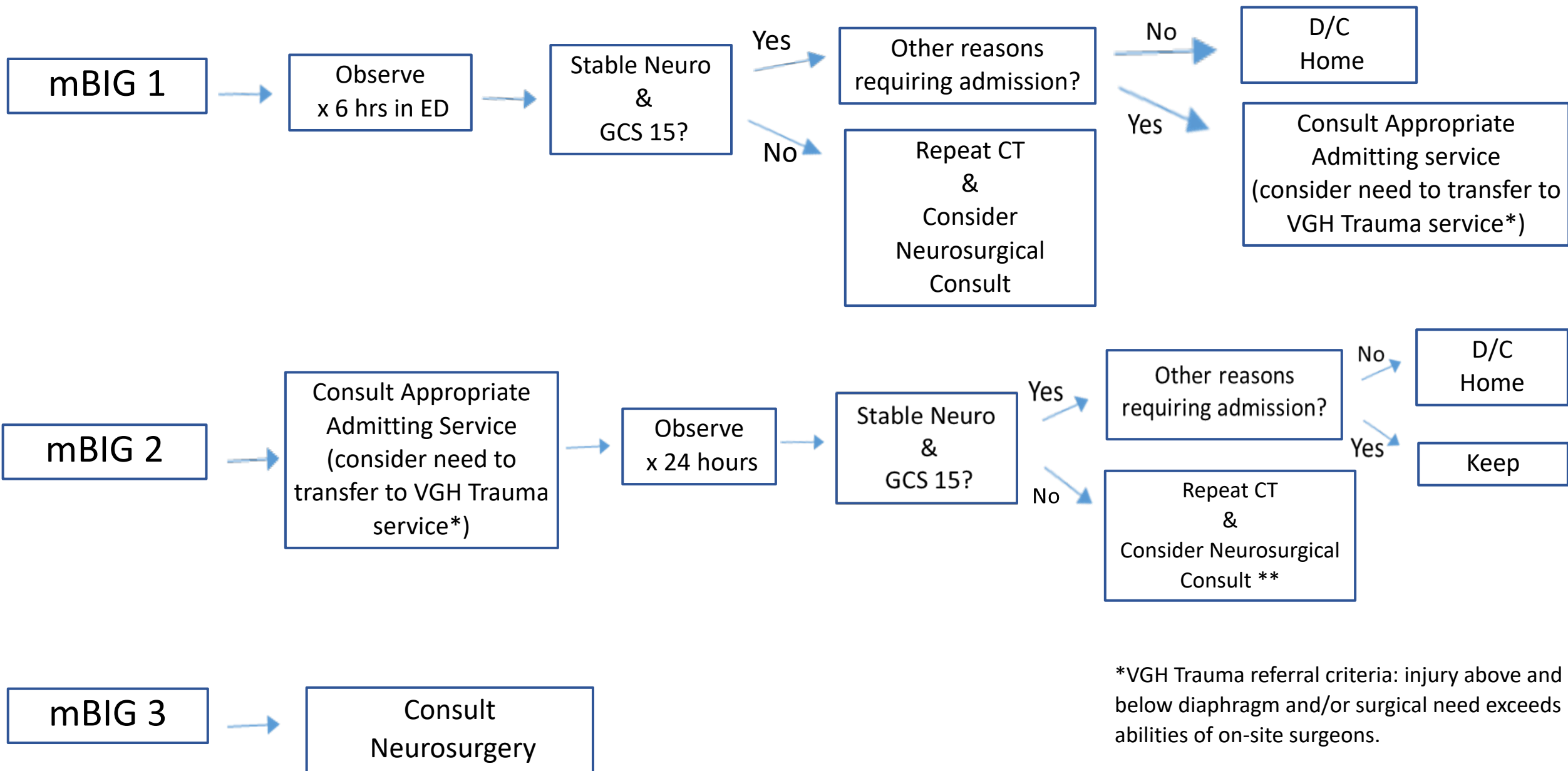
mBIG 3

-admitted, planned repeat CT head, neurosurgery consult

A multicenter validation of the modified brain injury guidelines: Are they safe and effective?

J Trauma Acute Care Surg, 2022

- 496 mBIG 1 or 2 patients
- 8 (1.6 %) had clinical deterioration during obs period (2 mBIG 1, 6 BIG 2)
- 2 had clinical and radiologic deterioration-
 - 1 underwent surgical intervention, discharged GCS 15
 - 1 elected for comfort measures given underlying co-morbidities.
- 1 in-hospital mortality (family elected not to pursue surgical intervention)
- Readmission rate 3.2%



*VGH Trauma referral criteria: injury above and below diaphragm and/or surgical need exceeds abilities of on-site surgeons.

**If CT unchanged, and GCS ≥ 13 , may not require Neurosurgical consult

Proposed PHC Traumatic ICH Protocol